

	LETTER OF INTENT	INVESTIGATIONAL DRUG TRIAL
	National Cancer Institute Division of Cancer Treatment and Diagnosis Cancer Therapy Evaluation Program	

Group/Institution(s) _____

Agent(s) to be supplied by NCI _____

Other agents to be used in the protocol _____

Tumor type _____

Performance status _____

Abnormal organ function permitted _____

Prior therapy _____

Phase of study _____

Treatment plan _____

Rationale/hypothesis _____

Laboratory correlates _____

Endpoints/statistical considerations _____

Estimated annual accrual _____

Proposed sample size _____

Earliest date study can begin _____

Projected accrual dates: Beginning / (month/year) Ending / (month/year)

To document accrual rate, list trials with patients who had similar tumor type/PS/prior Rx.
Trial *Accrual Rate* (number of patients/study duration)

List all active studies at your institution for which this patient population will be eligible.

Is this LOI part of a grant or cooperative agreement? ☐ Yes ☐ No Grant # _____
(Example: U01 CA 12345)

If proposed trial includes correlative studies, CTEP assumes you have funding to support them. If not, please explain:

Name of Principal Investigator (Printed) _____ Signature _____ Date _____
Phone: _____ Street Address: _____
Fax: _____
e-mail: _____

Name of Group Chair/Cooperative Agreement PI (Printed) _____ Signature _____ Date _____
Phone: _____ Street Address: _____
Fax: _____
e-mail: _____

Cooperative group LOIs must be submitted through the group operations office and must be appropriately signed. Proposal for trials that will be conducted under cooperative agreement must be signed by the principal investigator of the agreement, as well as the protocol chair.

LOIs can be submitted to LOI Coordinator, IDB, at any of the following:

USPS Mailing Address: P.O. Box 30012, Bethesda, MD 20824
Express Mailing Address: TRI, 3202 Tower Oaks Blvd., Rockville, MD 20852
Fax: (301) 230-0159 E-mail: loi@tech-res.com
Questions? Please call LOI Coordinator at (301) 231-5250.